

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

00005000

2 Total pages filed:

5

3 CANDIDATE /
OFFICEHOLDER
NAME

☒ MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Kathie

Tovo

OFFICE USE ONLY

Date Received

AUSTIN CITY CLERK
RECEIVED
2016 JAN 15 PM 3:51

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

809 W 32nd Street
Austin, TX 78705

☐ Change of Address

5 CANDIDATE /
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512)

565-5361

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

☒ MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mr.

Joseph

Pinnelli

Receipt # Amount

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

P.O. Box 50038
Austin Tx 78763

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512)

478-5958

9 REPORT TYPE

☒ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(Officeholder Only)

☐ July 15

☐ 8th day before election

☐ Exceeded \$500 limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

7 / 1 / 2015

THROUGH

Month

Day

Year

12 / 31 / 2015

11 ELECTION

ELECTION DATE

Month

Day

Year

/ /

☐ Primary

☐ Runoff

☐ Other
Description

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

City Council District 9

13 OFFICE SOUGHT (if known)

N/A

GO TO PAGE 2

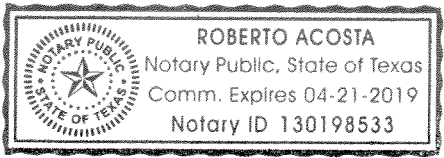
CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME <u>Kathryne B. Tovo</u>	15 Filer ID (Ethics Commission Filers) <u>0000506</u>
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>.00</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>482.00</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>627.09</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>161,807.06</u>

18 AFFIDAVIT <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">  <p style="font-size: small;">AFFIX NOTARY STAMP / SEAL ABOVE</p> </div> <div style="width: 65%;"> <p>I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.</p> <p style="text-align: center; font-size: large;"> <u>Kathryne B. Tovo</u> Signature of Candidate or Officeholder </p> </div> </div> <div style="margin-top: 20px;"> <p>Sworn to and subscribed before me, by the said <u>KATHRYNE TOVO</u>, this the <u>15TH</u> day of <u>JANUARY</u>, 20<u>16</u>, to certify which, witness my hand and seal of office.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 30%;"> <p><u>R. Acosta</u> Signature of officer administering oath</p> </div> <div style="width: 35%;"> <p><u>ROBERTO ACOSTA</u> Printed name of officer administering oath</p> </div> <div style="width: 35%;"> <p><u>NOTARY PUBLIC</u> Title of officer administering oath</p> </div> </div> </div>		
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME Kathryne B Tovo	3 Filer ID (Ethics Commission Filers) 00005000
4 Date 11/2/15	5 Payee name South Austin Democrats	
6 Amount (\$) \$100 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code P.O. Box 152592 Austin, Tx 78715-2592	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) event expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 12/31/15	Payee name Thompson & Knight LP	
Amount (\$) \$340 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 98 San Jacinto Blvd. Suite 1900 Austin Tx 787015	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Legal Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The instruction Guide explains how to complete this form.

1 Total pages Schedule I: 2	2 FILER NAME Kathryne B. Tove		3 Filer ID (Ethics Commission Filers) 60005006
4 Date 7/22/15	5 Payee name Wells Fargo		
6 Amount (\$) \$ 7	7 Payee address; City; State; Zip Code 1601 West 35th St. Austin, Tx 78703		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) Accounting/banking	(b) Description (See instructions regarding type of information required.) monthly service fee	
Date 8/24/15	Payee name Wells Fargo		
Amount (\$) \$ 7	Payee address; City; State; Zip Code 1601 West 35th St Austin Tx 78703		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Accounting /banking	Description (See instructions regarding type of information required.) monthly service fee	
Date 9/23/15	Payee name Wells Fargo		
Amount (\$) \$ 7	Payee address; City; State; Zip Code 1601 West 35th St Austin Tx 78703		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Accounting /banking	Description (See instructions regarding type of information required.) monthly service fee	
Date 10/23/15	Payee name Wells Fargo		
Amount (\$) \$ 7	Payee address; City; State; Zip Code 1601 West 35th St Austin Tx 78703		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Accounting /banking	Description (See instructions regarding type of information required.) monthly service fee	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 2	2 FILER NAME Kathryne B. Tove		3 Filer ID (Ethics Commission Filers) 00005006
4 Date 11/24/15	5 Payee name Wells Fargo		
6 Amount (\$) \$7	7 Payee address; City; State; Zip Code 1601 West 35th St Austin Tx 78703		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) Accounting/banking		(b) Description (See instructions regarding type of information required.) monthly service fee
Date 12/22/15	Payee name Wells Fargo		
Amount (\$) \$7	Payee address; City; State; Zip Code 1601 West 35th St Austin Tx 78703		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Accounting/banking		Description (See instructions regarding type of information required.) monthly service fee
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)		Description (See instructions regarding type of information required.)
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)		Description (See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CAMPAIGN DEBT RECONCILIATION
(To be filed by officeholders only during an election year)
Period Covered: January 1, 2015 to December 31, 2015

Name of officeholder: Kathryne Tovo

Campaign debt* existing as of the first day of the calendar year: \$ 161,807.06

Campaign debt* existing as of the last day of the calendar year: \$ 161,807.06

Enter the following information on all campaign debt existing as of December 31 of the reporting year (Note: Campaign debts under \$50 may be reported as an aggregate under (c), below):

(a) For loans and other debt evidenced by a note, the name of the creditor, the principal amount owed, the interest rate, and the date of maturity:

Creditor	Principal amount owed	Interest rate	Date of maturity
N/A			

(b) For all other campaign debts, enter the name of the creditor and the principal amount owed:

Creditor/Vendor	Principal amount owed
Kathryne Tovo	\$ 161,807.06

(c) Enter the total of campaign debts under \$50 if they are not itemized under (a) or (b) above.

N/A

** Campaign debt is the actual outstanding obligation of the candidate or candidate's committee as of a particular date, minus all funds held by the candidate or candidate's committee in cash or bank accounts on that date.*

SCHEDULE ATX. 4 - attach to form C/OH (C&E)
Reference §2-2-25, Austin City Code

Amount of interest or dividends earned: \$ 0.00

All deposits and withdrawals not disclosed on a filed contribution and expenditure report:

Date of deposit or withdrawal	Amount of deposit	Amount of withdrawal
N/A		

A listing of all checks received by December 31 but not deposited into any account (whether or not the checks have been "accepted" within the definition of the Texas Election Code):

Date of receipt	Contributor	Amount
N/A		

BANK RECONCILIATION

A candidate, officeholder, or campaign committee filing a January 15 year-end contribution and expenditure report shall provide the following information for the previous calendar year.

Name of candidate, officeholder or campaign committee: Kathryne Tovo

For each checking, savings or other financial institution account maintained during 20 15, enter the following information indicated. For each additional institution, use a copy of this schedule.

The name of the financial institution: Wells Fargo

Type of account: Business checking

The beginning balance: \$8,114.09

The ending balance: \$627.09

Enter the following information for checks issued on that account that have not cleared by December 31:

Date	Payee	Amount
10/20/14	William Hughes	\$15.00
9/21/14	Tom Hurt	\$117.60
9/15/14	North University NA	\$50.00
9/1/14	AFL-CIO	\$20.00

Enter the following information for checks received as contributions and deposited but dishonored by the contributor's financial institution:

Date of receipt	Contributor	Amount